

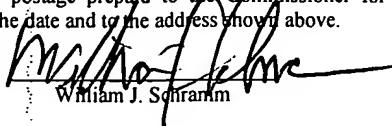
Applicant: Risto Olavi Harjula
Serial No.: 10/675,138
Filed: September 30, 2003
For: ANTIMONY SILICATE SORBENT
FOR REMOVAL OF METAL IONS
Group Art Unit: 1724
Examiner: Ivars C. Cintins
In reply to: Office Action dated January 25, 2006

CERTIFICATE OF FILING BY MAIL

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William J. Schramm

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Patent Appeals and Interferences**

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

Attached herewith is a check in the amount of \$500.00. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to, Deposit Account Number 50-3865. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

William J. Schramm, P.C.



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June 16, 2006

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/675,138
		Filing Date	09/30/2003
		First Named Inventor	Harjula
		Art Unit	1724
		Examiner Name	Cintins
Total Number of Pages in This Submission		Attorney Docket Number	7212.3002.002

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (Please Identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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Firm Name	William J. Schramm, PC		
Signature			
Printed name	William J. Schramm		
Date	06/22/2006	Reg. No.	24795

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Date 06/22/2006

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